

Indiana EMS Certified Vehicle Accident Report

Any Indiana EMS Commission certified provider who has any certified vehicle involved in any traffic accident investigated by a law enforcement agency must report that accident as required by the EMS Commission. This report must be submitted to the EMS Commission within **ten (10) working days following the accident with an attached Indiana Officer Standard Crash Report.**

Provider Name: _____

Provider Certification Number: _____

Vehicle Certification Number: _____

Type of Vehicle:

Ambulance

Fire Apparatus:

Rescue

Non Transport

Accident Date: _____ Location: _____

Drivers Name: _____ Date of Birth: _____

Driver's EMS Certification Number: _____

Driver's Training/Experience: _____

Law Enforcement Agency Investigating Accident: _____

Property Damage:

Personal Injury:

Fatality:

Was Vehicle operating in emergency mode? Yes

No

Red Lights? Yes

No

Siren? Yes

No

Vehicle was:

Responding to a scene

En route to medical facility

Other

Patient(s) onboard? Yes

No

Number of Patients _____

Number of EMS Personnel onboard vehicle: _____

Brief explanation of how accident occurred: _____

Send to: **Indiana Department of Homeland Security
EMS Operations
302 West Washington Street, Room E239
Indianapolis, IN 46204**

DO NOT DELAY SUBMISSION OF REPORT DUE